U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



	2. Fiscal Year Covered From:	
1. File Number U • 25/3	1 / 1 / 2004 Through: 12 / 31 / 2004	
. Alian	Name, file number, and address of labor organization.	
3. Name and address of person filing.	Name Ironworkers-AFL-CIO/ Ironworkers Local	
Name Robert J Migliaccio, Sr.	Union 201	
	Labor Organization File Number 038-236	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Begging designation and specific former and specific former as the specific former and the specific fo	Street 1507 Rhode Island Avenue, NE	
Street 1507 Rhode Island Avenue, N.E.		
city Washington	City Washington	
State District of Columbia ZIP Code +4 20018	State District of Columbia ZIP Code +4 20018	
5. Position in labor organization. Local Union Fund	Trustee	
Enter appropriate data below If, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests	
(except as specified in the	the reconomic honefit of	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
2 Are in the control of the control	The same of the sa	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount	
	7.b. Afficiant.	
Street	place rates, printer, a time of the position and a second state of the contract of the contrac	
City		
ZIP Code + 4		
State :		
	nature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
	2/11/05 12021 529 - 6226	
Signed	On //// O3 (202) Date Telephone Number	
	Page 1 of 2	

Name of Person Filing Robert J. Migliaccio Sr.	i he radiibel o-	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Iron workers AFL-CIO Iron workers Local Unio 201 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1507 Rhode Island Avenue, NE City Washing ton State District of Columbia ZIP Code +4 20018	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Iron wookers Aft-CIO/Iron workers Local Union 201 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1507 Rhode Island Avenue, NE City Washing ton State District of Columbia ZIP Code + 4 20018	11.a. Nature of such dealing. Attend Benefit Conference fiduciary duties, health pl plans in New Orleans, L 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income receive registration fee paid on my beha airfare paid on my behalf reimbursed expenses	2,997.45
	12.b. Amount.	2,997.45
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	or other thing of value. 14.a. Nature of payment.	
(including trade name, if any).		
Name:		100 April 100 Ap
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	the annual section of the control of

rome or crown my Robert J. Migliaccio S	r. File Nulliber u-
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or o of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly o dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ARK Asset Management Co. Inc.	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 125 Broad Street	d. Limpoyer
City New York	
State New York ZIP Code +4 10004	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Tronworkers AFL-CIO - Ironworkers Local 201	ARK was trying to get us to do business with them but we declined as we are
Trade Name, if any:	happy with who we have
P.O. Box, Bldg., Room No., if any	
Street 1507 Rhode Island Ave. NE	
	11.b. Approximate dollar value of such dealing. \$117,00
The same and the same is a superior of the s	12.a. Nature of interest held or income received.
State District of Columbia ZIP Code +4 20018	Dinner on 6-3-04 in Atlantic City,
	NJ averaging \$ 117,00 per person
	12.b. Amount. \$ 117,00
C. Received from any employer (other than an employer covered undeer from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
net (make it principally the destruction of the principal structure and the structure of the principal	
Vame	
Trade Name, if any:	
O. Box, Bldg., Room No., if any	
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ity	
ate ZIP Code + 4	
B.b. Is the Business an Employer . or Consultant . ?	14.b. Amount of payment.
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